

Outline of Presentation to the Little Hoover Commission Regarding Proposed Educational Requirements for Acupuncture

Fred N. Lerner, D.C., Ph.D., F.A.C.O.

Chairman, National Board of Acupuncture Orthopedics

1. Educational Requirements Need To Increase:

- a. **BPC §4926.** "In its concern with the need to eliminate the fundamental causes of illness, not simply to remove symptoms, and with the need to treat the whole person, the Legislature intends to establish in this article, a framework for the practice of the art and science of oriental medicine through acupuncture.

The purpose of this article is to encourage the more effective utilization of the skills of acupuncturists by California citizens desiring a holistic approach to health and to remove the existing legal constraints which are an unnecessary hindrance to the more effective provision of health care services. Also, as it affects the public health, safety, and welfare, there is a necessity that individuals practicing acupuncture be subject to regulation and control as a **primary health care profession.**"

To the best of my knowledge, this law was introduced in 1979. Some schools have done a credible job in preparing their students. Not all California Acupuncture schools & colleges have adequately trained their graduates to fulfill this level of practice, and there are no established standards to do so.

- b. In 1988, Acupuncturists became "physicians" in the California Worker's Compensation system (LCS 3209.3 (a)). This put a greater need to participate with medical doctors, osteopaths, chiropractors, dentists, psychologists and podiatrists. There was little or no education provided for this, and the first specialty board was established (NBAO) to bridge the gap. This type of knowledge needs to be instilled at the undergraduate level, as well as the postgraduate level.
- c. Oriental Medicine should have comparable education levels to other primary health care professions. In 1994-95, the Senate Office of Research, at the request of Senator Diane Watson, did a comparative study of the educational hours among acupuncturists, chiropractors, dentists, medical doctors, osteopaths, podiatrists and psychologists. All professions except acupuncture were at a minimum of 4,000 hours, while acupuncture was at a level of 2,348. I believe the general public has the assumption that acupuncturists are "doctors" and have similar training to these other professions.
- d. Oriental Medicine is increasingly participating as part of a "team" approach with Western medicine. The "market" or public demand, has substantially increased towards Complimentary and Alternative Medicine (CAM), of which acupuncture is included. The Eisenberg studies, published in the New England Journal of Medicine, showed that in 1990, \$12.2 Billion was spent out of pocket to see CAM providers, while in 1997, \$21.2 Billion was spent. Several hospitals are requesting acupuncturists to be on staff. Many clinics have acupuncturists in a multi-discipline setting. All California

Acupuncturists can participate in all insurance systems with the exception of Medicare and Federal Worker's Compensation. All of this creates a greater demand to be familiar with the Western medical system of taking histories, examining, diagnosing, referring, ordering special tests, and charting results. More education is needed in these areas.

2. What Level Should The Educational Requirements Be?

- a. AB1943 originally stated that the level should be 4,000 hours. The Bill was amended in an attempt to gain consensus with the Acupuncture Colleges & Schools to 3,000 hours, but the INTENT is still, as stated in the Bill, to go to the 4,000 hour level.
- b. It's not just about the hours. The "Dao of Surfing" would not appreciably prepare students to handle the preceding needs. Although most Acupuncture Colleges & Schools have had 3,000 hours in their curricula, many courses were electives with no required standards beyond the 2,480 hour level. The California Acupuncture Board (CAB) had an Education Task Force, which met for a year to determine the present 3,000 hour requirements. I suggest that if the Commission recommends the 4,000 hour level, the CAB is best-suited to convene another Task Force to determine the content of those hours, and the CAB License Examination should test the competency level of graduates.

3. Should the Existing Licensees "Upgrade?"

- a. There is no doubt that, if the students are going to the 4,000 hour level, and that level becomes a clinical doctorate as in all other primary health care professions (O.M.D.), the rest of the profession should not be simply "grandfathered." In discussions last year regarding AB1943 and SB1951, the Dept. of Consumer Affairs made it very clear that they would not accept a straight grandfathering of existing licensees, and I agree.
- b. Recommendation: Require 400 hours over 10 years of Continuing Education in Courses Approved by the CAB. The CAB should approve CE courses which are relevant to fulfilling the "upgrade" needs, such as drug-herb interactions, neuromusculoskeletal evaluations, diagnostic tests (laboratory, diagnostic imaging, etc.). Some of these courses are 300-hour courses which lead to Board certification (e.g., NBAO), and it would be relevant to allow attendees to apply those 300 hours over one year. Other licensees may elect to take 40 hours per year, or some combination that allows completion of these hours over the 10-year period.

4. Should Existing Licensees Have to Take A Competency Examination?

- a. I do not believe this is necessary. I believe that all Providers of these CAB-Approved courses should give an examination at the end as a requirement and attendance should be documented as in most CE courses in primary health care professions.